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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number

10/806,192

Filing Date

March 23, 2004

First Named Inventor

SHCHORI et al.

Art Unit

1746

Examiner Name

to be assigned

Attorney Docket Number

12298/48502

**ENCLOSURES (check all that apply)**☐ Fee Transmittal Form☐ Fee Attached☐ Amendment / Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/  
Incomplete Application☐ Reply to Missing Parts  
under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a  
Provisional Application☒ Power of Attorney, Revocation  
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) \_\_\_\_\_☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board  
of Appeals and Interferences☐ Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s)  
(please identify below):

Statement Under 37 CFR 3.73(b)

**Remarks****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm

KENYON &amp; KENYON

Signature

Printed Name

Michael I. Angert

Date

January 14, 2005

Reg.  
No.

46,522

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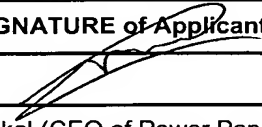
PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/806,192
	Filing Date	March 23, 2004
	First Named Inventor	SHCHORI et al.
	Art Unit	1746
	Examiner Name	TBD
	Attorney Docket Number	12298/48502

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:				
<input type="checkbox"/> A Power of Attorney is submitted herewith.				
<b>OR</b>				
<input checked="" type="checkbox"/> I hereby appoint the practitioners at Customer Number : <span style="border: 1px solid black; padding: 2px 20px;">23838</span>				
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<input type="checkbox"/> Applicant/Inventor.				
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>				
<b>SIGNATURE of Applicant or Assignee of Record</b>				
Signature				
Name	Shalom Daskal (CEO of Power Paper Ltd.)			
Date	<span style="border: 1px solid black; padding: 2px 20px;">10.01.05</span>		Telephone	011.972.3.9204224
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.				

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